# Morbidity and Mortality

# PUBLIC HEALTH SERVICE

## U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Prepared by the NATIONAL OFFICE OF VITAL STATISTICS Executive 3-6300, Ext. 4744

For release April 26, 1957

Washington 25, D. C.

Vol. 6, No. 16

## Provisional Information on Selected Notifiable Diseases in the United States and on Deaths in Selected Cities for Week Ended April 20, 1957

### EPIDEMIOLOGICAL REPORTS

## Influenza

The following information has been received by the Influenza Information Center.

The Communicable Disease Branch, Bureau of Medicine and Surgery, Department of the Navy, in a report of influenza during 1957 states that the U. S. Naval Medical Research Unit No. 4, Naval Training Center, Great Lakes, Illinois, has re-Ported that in the period January 19 to February 16, 1957, a serologic diagnosis of influenza A-prime was confirmed in 23.5 percent of the cases of febrile respiratory illness on which tests were run. Tests for influenza C were positive in 10 percent of the cases, and for adenovirus infection in 47 percent of the cases, and for adenovirus interest and it is the cases, during the same period. Two additional strains of influenza A-prime viruses were recovered during the week of February 9 to 16, 1957. In surveys of military personnel on

duty during this same period, it was discovered that an additional 12 percent who had not reported sick presented serologic evidence of influenza A-prime infection. Serologic evidence of influenza C infection was present in 10 percent and of adenovirus infection in 26 percent of these men. This outbreak of influenza A began in December 1956 with an increased amount of illness in the population which could not be clinically distinguished from other respiratory illnesses occurring simultaneously. The disease has been mild and has involved mostly unvaccinated personnel.

Dr. F. H. Wentworth, Ohio Department of Health, has reported an outbreak of influenza in a group of boys in an institution. The disease occurred among boys 11-14 years of age and involved approximately 25 individuals. The epidemic began on March 15 and had apparently run its course by March 21. The disease in most cases was mild to moderate in severity,

Continued on page 2

## Table I. Cases of Specified Notifiable Diseases: Continental United States

(Numbers after diseases are category numbers of the Sixth Revision of the International Lists, 1948)

	]	6th WKE	c	CUMULATIVE NUMBER							
		Ended Apr. 21, 1956		Fir	st 16 week	cs	Since se	Approxi- mate			
DISEASE	Ended Apr. 20, 1957		Median 1952-56	1957	1956	Median 1952-56	1956-57	1955-56	Median 1951-52 to 1955-56	seasonal low point	
Anthrax062		26		32:01			(1)	71.1	ds	713	
brucellosis (undulant form)	(#)	2	-	7	21	13 5	(1) (1)	(1)	(1) (1)	1	
	-	~	(€)		07.4	_	(-)	(1)	(2)	(2)	
	21	18	28	286	274	438		(-)	\ <i>\</i>	, , ,	
Dcephal1444	111	18	39	337	601	645	1,092	1,931	1,959	July 1	
and infectious.	31	26	26	359	387	367	1,923	1,309	1,309	June 1	
	314	470	750	6,058	7,897	10,103	11,257	15,400		Sept.	
20010-117	3	4	7	27	49	103	(¹)	(1)	(1)	(1)	
tales	20,794	30,290	30,217	248,571	275,257	294,381	285,775	304,355	325,722	Sept.	
ningitis, other340	43	49	105	892	1,129	1,790	1,623	2,052	3,019	Sept.	
oliogyelitis other	25	23		515	479						
Parel	32	79	83	624	1,295	1,511	97	228	237	Apr.	
Paralytic	12	41		321	708		47	125		Apr.	
Nonparalytic	17	26		204	351		41	66		Apr.	
Despectified	3	12		99	236		9	_ 37		Apr.	
able 006.3	4	7	7	79	116	65	(1) (1)	(1) (1)	(1)	(1)	
abies in man		l i		7.00	4	2	(1)	(¹)	(1)	(1)	
Vphus Tever	12	33	30	302	416	416	45	104	76	Apr.	
Tever, endems	2	33	2	28	23	42	3	4	5	Apr.	
Typhus fever, endemic	"		"	"		[	1	1	1		
Rabies in animals	104	135	163	<sup>2</sup> 1,646	1,966	2,733	<sup>2</sup> 2,610	2,993	4,248	Oct.	
	TOT	دس ا	1 100	1,040	_,	,	1 '	1 '	1 .	1	

hata show no pronounced seasonal change in incidence. Includes revised report from Wyoming for week ended March 23, 1957.

Symbols. -1 dash [-]: no cases reported; 3 dashes [---]: data not available.

### EPIDEMIOLOGICAL REPORTS—Continued

with temperature elevations of 100° to 102°, malaise, mild cough, some generalized aching, and headache being the predominant symptoms. Nine of the boys were admitted to the infirmary for a period of 1 to 4 days. Acute and convalescent sera obtained from 6 of the hospitalized patients gave the following results. All 6 acute sera showed no complement fixation with influenza A or B. One convalescent serum had a complement fixation titer of 1:16 against influenza A, 1 a titer of 1:32, 3 a titer of 1:64, and 1 a titer of 1:256. All convalescent sera were negative with influenza B antigen. Attempts to isolate the virus from acute cases using monkey kidney tissue culture were unsuccessful.

Dr. John Mason, New Mexico Department of Public Health, has supplied information on a number of outbreaks of acute respiratory infection that had been reported in various parts of New Mexico during the latter part of February and the first part of March. Some 500 school children in Gallup were evidently affected over a 3- to 4-day period from February 17 to 20. Similar outbreaks were reported on the Navajo Reservation at Fort Defiance, Twin Lakes, and Fort Wingate. A report was received of an incidence of similar cases at the Indian School in Albuquerque in early March. The illness appears to run a 3-day course of fever, headache, and vomiting. There is a diffuse injection of the pharynx, but follicular tonsillitis or enlargement of the lymph nodes in the neck is not seen. A mild conjunctivitis is seen in some cases. Complications have not been noticed. Routine nose and throat cultures have not indicated any particular bacterial agent to be responsible. Paired sera from 9 typical cases examined by Public Health Service Virus Laboratory at Montgomery, Alabama, indicated Influenza A infection.

The Viral and Rickettsial Laboratory, California Department of Public Health, reports that of 27 blood specimens examined during the week of April 12, 1 showed a fourfold or greater rise in antibody titer to influenza A, and from 1, a presumptive positive titer to influenza A was obtained.

#### Salmonella infections

The California State Department of Public Health reports that Salmonella reading has been isolated from 30 persons residing in the State within the past year. Isolations were made from 15 children under 5 years of age, 3 of which were under 1 year. Six persons with positive stools were over 20 years of age and 5 of these were females. The 30 persons resided in 13 different counties.

Dr. D. S. Fleming, Minnesota State Department of Health, has submitted the following information on 2 cases in which S. reading was isolated in March 1957. One was a 10-year-old boy who had had recurrent abdominal pain for 6 months. On March 27 he had loose stools. Specimens at this time contained S. reading. The other case was an infant 2 months of age who had onset of symptoms on March 27. These consisted of nausea, vomiting, diarrhea, fever, and otitis media. Treatment with a

broad spectrum antibiotic resulted in clinical improvement for 2 days following which there was a recurrence of symptoms. An older sister had an attack of gastro-enteritis of unknown etiology in December 1956 but there have been no symptoms recently. The parents have had no symptoms of gastro-enteritis.

Staphylococcal infections

Dr. James R. Enright, Hawaii Department of Health, gives a summary of staphylococcal infections reported since phage typing recently became available by the Bureau of Laboratories. Isolations of staphylococci, phage type 81, have been made in 19 cases in 4 hospitals and 1 physician's office. One death (a 28-year-old adult) from staphylococcal pneumonia was due to phage type 81.

#### Pasteurella multocida infection

Dr. Stanley H. Osborn, Connecticut State Department of Health, has reported a case of human infection with <u>Pasteurella multocida</u>. The patient, a 5-year-old girl, was bitten by a dog and sustained lacerations of the lower lip and left cheek. The lesions were cleansed in a hospital and the lip laceration sutured. Later she returned to the hospital because of swelling of the cheek. Grayish exudate was expressed from the lesion on the cheek and it was from this that the organism was cultured.

This represents the fifth identification of Past. multocida in relation to human illness in Connecticut. Two cases occurred in 1955; the patients had been in contact with animals. One was a dairy farmer and the other a cat owner. The other 2 cases, 1 in 1955 and 1 in 1957, were in women who developed abscesses following cat bites.

Dipylidium caninum infection

Dr. Stanley H. Osborn, also, has reported 2 cases of human infection with Dipylidium caninum in Connecticut. One case occurred late in 1956 and the other in March 1957. The patients, both children, live within a few blocks of each other. Both have had pet dogs in which worms have been found and which have been treated by veterinarians.

Illness of unknown etiology

The Illinois State Department of Public Health has reported 5 cases of illness occurring 15 minutes after the ingestion of onions from a plastic bag. This illness was characterized by severe hives and in 1, a severely swollen tongue and much discomfort. An examination by the Food and Drug Administration failed to find anything in the onions or the bag that would cause this type of illness. No other common source was found. The packaging company had distributed onions to several stores, none of which have reported any illnesses among their customers.

#### QUARANTINE MEASURES

Immunization Information for International Travel No changes reported.

Table 2. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES, EACH DIVISION AND STATE, ALASKA, HAWAII, AND PUERTO RICO, FOR WEEKS ENDED APRIL 21, 1956 AND APRIL 20, 1957

(By place of occurrence. Numbers under diseases are category numbers of the Sixth Revision of the International Lists, 1948)

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Table 2. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES, EACH DIVISION AND STATE, ALASKA, HAWAII, AND PUERTO RICO, FOR WEEKS ENDED APRIL 21, 1956 AND APRIL 20, 1957—Continued

(By place of occurrence. Numbers under diseases are category numbers of the Sixth Revision of the International Lists, 1948)

			P	OLIOMYELIT	IS 080							
		T	otal1		Paral	ytic	Nonpar	alytic	MALARIA		MEAS	SLES
AREA	16th	week	Cumul first l		080.0,080.1		080	.2	110-117		06	35
	1957	1956	1957	1956	1957	1956	1957	1956	1957	1956	1957	1956
CONT. UNITED STATES	32	79	624	1,295	12	41	17	26	3	4	20,794	30,29
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MIDDLE ATLANTIC	1	4	22	88	-	2	5-5	-	-	-	3,628	4,9
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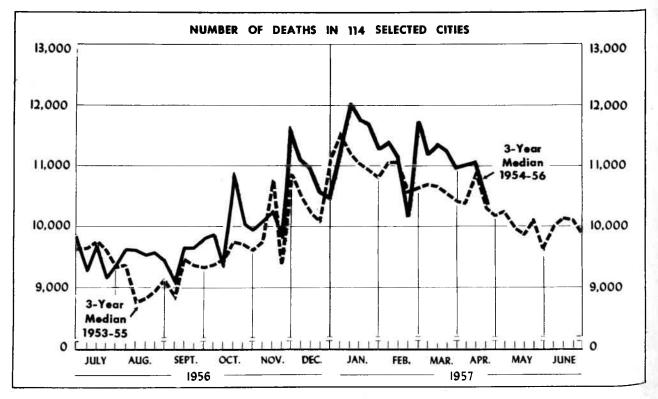
<sup>&</sup>lt;sup>1</sup>Includes cases not specified by type, category number 080.3.

Table 2. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES, EACH DIVISION AND STATE, ALASKA, HAWAII, AND PUERTO RICO, FOR WEEKS ENDED APRIL 21, 1956 AND APRIL 20, 1957—Continued

(By place of occurrence. Numbers under diseases are category numbers of the Sixth Revision of the International Lists, 1948)

AREA	MENINGOCOCCAL INFECTIONS 057		MENIN- GITIS, OTHER	PSITTA	cosis		TYPHOID	FEVER OLO	) 	TYPHUS FEVER, KNDEMIC	RABII	
AREA			340	096.2		16 <b>th</b>	week	Cumul first l	ative 6 weeks	101	VEIL	MALES
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CONT. UNITED STATES	43	49	25	4	7	12	33	302	416	2	104	139
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Symbol. —1 dash [-]: no cases reported.



The chart shows the number of deaths reported for 114 major cities of the United States by week for the current year, and, for comparison, the median of the number of deaths reported for the corresponding weeks of the 3 previous calendar years. (The median is the central one of the three values arranged in order of magnitude.) If a report is not received from a city in time to be included in the total for the current week, an estimate is made to maintain comparability for graphic presentation.

The figures reported represent the number of death certificates received in the vital statistics offices during the week indicated for deaths occurring in that city. Figures compiled in this way, by week of receipt, usually approximate closely the number of deaths occurring during the week. However, differences are to be expected because of variations in the

interval between death and receipt of the certificate.

While week-to-week changes in the total number of deaths reported for all major cities generally represent a change in mortality conditions, this may not be true for variations in weekly figures for each city. For example, in a city with a weekly average of 50 deaths, the number of deaths occurring in a week may be expected to vary by chance alone from 36 to 64  $(d \pm 2\sqrt{d})$ , where d represents the average number of deaths per week).

The number of deaths in cities of the same size may also differ because of variations in the age, race, and sex composition of their populations, and because some cities are hospital centers serving the surrounding areas. Changes from year to year in the number of deaths may be due in part to population increases or decreases.

Table 3. DEATHS IN SELECTED CITIES BY GEOGRAPHIC DIVISIONS

(By place of occurrence, and week of filing certificate. Excludes fetal deaths)

	16th week ended	15th week ended	16th week	Percent change, median	CUMULATIVE NUMBER FIRST 16 WEEKS			
AREA	Apr. 20, 1 <b>9</b> 57	Apr. 13, 1957	median 1954-56	to current week	1957	1956	Perce chang	
TOTAL: 110 REPORTING CITIES	9,247	9,875	9,167	+0.9	160,231	157,660	+1	
lew England       (13 cities)         Middle Atlantic       (20 cities)         last North Central       (18 cities)         lest North Central       (20 cities)         louth Atlantic       (11 cities)         lest South Central       (2 cities)         lest South Central       (12 cities)         buntain       (8 cities)         acific       (12 cities)	411 3,052 1,496 700 910 446 700 296	485 3,235 1,684 685 920 489 744 302	449 3,172 1,530 816 859 455 586 235	-8.5 -3.8 -2.2 -14.2 +5.9 -2.0 +19.5 +26.0	7,781 52,249 26,168 12,080 15,311 7,998 12,176 4,453	7,577 52,243 25,935 11,936 14,860 7,969 11,198 4,124	+2 +0 +0 +1 +3 +0 +8 +8 +8	

Table 4. DEATHS IN SELECTED CITIES

(By place of occurrence, and week of filling certificate. Excludes fetal deaths)

AREA	16th week ended Apr.	15th week ended Apr.	CUMULATIV FIRST 1		AREA	16th week ended Apr.	15th week ended Apr.	CUMULATIVI FIRST 1	
	20, 1957	13, 1957	<b>19</b> 57	1956		20, 1957	13, 1957	1957	1956
NEW ENGLAND					WEST NORTH CENTRAL—Con.				
oston, Mass.		(218)		(3,955)	St. Louis, Mo	231	217	3,923	4,09
	34	39	619	596	St. Paul, Minn.	51	70	1,073	1,08
ambridge, Mass.	26	29	506	521	Wichita, Kans	52	33	732	-,6
	20 36	30 <b>61</b>	447 848	473	SOUTH ATLANTIC	7.0	1		
	41	24	454	788 404	Atlanta, Ga	97	107	1 ,	
	16	27	352	343	Baltimore, Md	242	127 267	1,879	1,8
	13	31	439	402	Charlotte, N. C	36	33	592	3,8 5
Tovidence P	51	42	765	817	Jacksonville, Fla	56	63	927	8
Derville, Mass.	62	67	1,051	1,052	Miami, Fla	55	51	816	8
	8 41	13 47	216	267	Norfolk, Va	33	34	592	5
	18	18	717 410	693 <b>413</b>	Richmond, Va	77	72	1,231	1,1
rcester, Mass.	45	57	957	808	Tampa, Fla.	21 74	30	492	4
		-		000	Washington, D. C	186	53 164	1,089	1,0
MIDDLE ATLANTIC				~	Wilmington, Del	33	26	596	3,0 6
bany, N. Y.	49	51	836	833	EAST SOUTH CENTRAL		5	""	
llentown, Pe	44	48	645	618	1				
	145	88	2,397	2,326	Birmingham, Ala	72	86	1,266	1,2
Lizabeth W	34	38	642	642	Chattanooga, Tenn	35	55	777	7
Te, Pa.	17	31	456	478	Knoxville, Tenn	21	40	495	- 6
rsey City, N. J.	27	43	568	563	Memphis, Tenn	101 103	71 127	1,780	1,7
wark, N. J.	56 108	64	1,161	1,252	Mobile, Ala	41	34	1,744	1,6
York City, N. Y.	1,595	73 1,670	1,761 26,411	1,621	Montgomery, Ala	21	14	364	5
iteraon, N. J	37	44	645	26,220 610	Nashville, Tenn	52	62	1,010	8
ttshipped ra.	485	514	8,088	8,199	WEST SOUTH CENTRAL			'	_
ading n	130	179	2,911	3,158	Austin, Tex				
Cheet	22	28	390	371	Baton Rouge, La	20	37	500	4
henctady, N. Y.	79	90	1,549	1,605	Corpus Christi, Tex	19 26	-28	431	3
ranton, Pa.	20	32	369	378	Dallas, Tex	106	24 118	330	2
recuse, N. Y.	47 58	42 66	641 952	562	El Paso, Tex	33	41	1,837 491	1,6 4
renton, N. J.	34	5 <b>7</b>	766	990 754	Fort Worth, Tex	65	61	1,009	9
tica, N. Y	35	46	548	527	Houston, Tex	154	150	2,480	2,1
Onkers, N. Y.	30	31	513	536	Little Rock, Ark	59	49	912	7
EAST NORTH CENTRAL				1	New Orleans, LaOklahoma City, Okla		(146)		(2,7
- MONTH CENTRAL					San Antonio, Tex	60	40	1,024	1,0
kron, Ohio	46		000		Shreveport, La	95 27	94 56	1,581	1,4
anton, Ohio	46 34	55 <b>31</b>	882 5 <b>18</b>	. 882 461	Tulsa, Okla	36	46	771 810	7
icago, Ill.		(768)		(12,409)	MOUNTAIN		1 **	a10	7
Agvala- , Onito	145	155	2,577	2,624	11				
offine.	212	236	3,470	3,436	Albuquerque, N. Mex	24	37	403	3
Ton A.	116	130	1,843	1,833	Colorado Springs, Colo Denver, Colo	15 129	17 129	231	2
Crois	65	61	1,211	1,105	Ogden, Utah	13	129	1,866	1,7
Appendix	322	318	5,397	5,347	Phoenix, Ariz	22	26	491	2
int, Mich.	33 37	27	502	579	Pueblo, Colo	11	10	212	2
	28	33 42	622 571	610 600	Salt Lake City, Utah	60	57	713	7
HDM D	25	49	478	468	Tucson, Ariz	22	16	336	
Wilnus / Michigan - I	45	49	654	690	PACIFIC				
	97	138	1,984	1,945	Berkeley, Calif	16	15	310	_
	109	142	2,110	2,026	Long Beach, Calif	53	53	310 921	3
	29	27	475	440	Los Angeles, Calif	436	484	8,051	8 8,1
	21	17	397	396	Oakland, Calif	80	125	1,591	1,5
Oungstown, Ohio	79 53	119	1,543	1,587	Pasadena, Calif	31	25	603	6
UPOn	55	55	934	906	Portland, Oreg	87	87	1,553	1,5
WEST NORTH CENTRAL					Sacramento, Calif	53	42	853	8
ilms, Iove	, ,		070		San Diego, Calif.	91	89	1,351	1,2
iluth, Minn.	45 13	57 21	878 <b>4</b> 10	834 417	San Francisco, Calif Seattle, Wash	163 143	184 118	3,199	3,3
the City, Kang		(30)		(500)	Spokane, Wash.	49	59	2,173 757	2,0
	150	102	1,934	1,762	Tacoma, Wash	34	50	653	7: 5:
ha, Nebr.	102	130	1,987	2,017		-			
	56	55	1,143	1,074	Honolulu, Hawaii	(23)	(36)		1

Symbols.—parentheses [()]: data not included in table 3; 5 dashes [---]: data not available.

## SOURCE AND NATURE OF MORBIDITY DATA

These provisional data are based on reports to the Public Health Service from health departments of each State and of Alaska, Hawaii, and Puerto Rico. They give the total number of cases of certain communicable diseases reported during the week usually ended the preceding Saturday. Cases of anthrax, botulism, and rabies in man are not shown in table 2, but a footnote to table 1 shows the States reporting on these diseases. In addition, when diseases of rare occurrence (cholera, dengue, plague, louse-borne relapsing fever, smallpox, louse-borne epidemic typhus, and yellow fever) are reported, this will be noted at the end of table 1.

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